

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M35291

1. Entity Name

AMERITRANS CARGO BROKERS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90057 035 ***158.75

Principal Place of Business

Mailing Address

7102 N.W. 50TH STREET
MIAMI FL 33166
US

P.O. BOX 520507 GMF.
MIAMI FL 33152-0507
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2693106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LUZ D. ESTRADA~~
~~7102 N.W. 50TH STREET~~
~~MIAMI FL 33166~~

Name
MARTIN LEON

Street Address (P.O. Box Number is Not Acceptable)
7102 N.W. 50th STREET

City
MIAMI

FL

Zip Code
33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Martin Leon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME ~~ESTRADA LUZ~~
STREET ADDRESS ~~7102 N.W. 50TH STREET~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE **CSD** ☐ Delete
NAME **MARTIN, LEON**
STREET ADDRESS **7102 NW 50TH ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CPSD** ☒ Change ☐ Addition
NAME **MARTIN LEON**
STREET ADDRESS **7102 N.W. 50th STREET**
CITY-ST-ZIP **MIAMI, FLORIDA 33166**

TITLE **EVP** ☐ Change ☒ Addition
NAME **HENRY ZULUAGA**
STREET ADDRESS **7102 N.W. 50th STREET**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VPAS** ☐ Change ☒ Addition
NAME **ROY LEON**
STREET ADDRESS **405 SOUTH BUTLER BLVD, #11**
CITY-ST-ZIP **LANSING, MICHIGAN 48915**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Martin Leon** President/Chairman/Secretary/Director

(305)599-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #